

# NURSING HOMES / INTERMEDIATE CARE FACILITIES GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for nursing homes or intermediate care facilities will be limited to their usual and customary charge, **less 10%**. Workers Compensation patients should not be charged a fee that is higher than that of privately insured patients.
2. **PRIOR AUTHORIZATION:** Prior Authorization from the employer (or insurance carrier) is required before admission to a nursing home or intermediate care facility.
3. **PHYSICIAN CHARGES:** All physician charges, regardless of the setting or location in which the services were provided, are subject to the limits of this fee schedule. All physician billings must be submitted on the CMS 1500 form (or an equivalent form) containing the same information.
4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with nursing homes or intermediate care facilities to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.